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SECRETARY OF STATE

COVER LETTER

AMOR IS DESS TO: New Filing Section **Division of Corporations** THE ADMINISTRATORS, INC. SUBJECT: (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: TIMOTHY L. WAGNER (Name of Person) THE ADMINISTRATORS, INC. (Firm/Company) 2222 KINGFISH RD (Address) **NAPLES, FL 34102** (City/State and Zip code) For further information concerning this matter, please call: at (_ 317 TIMOTHY L. WAGNER (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: MAILING ADDRESS: **New Filing Section New Filing Section** Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: **✓** \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	THE ADMI	THE ADMINISTRATORS, INC.								
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")									
	(If name unavaila	name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)								
2.	INDIANA		3.	30-0017	889					
	(State or country i	or country under the law of which it is incorporated) (FEI number, if applicable)								
4.	11/30/2001 5. PERPETUAL									
(Date of incorporation)				(Duration: Year corp. will cease to exist or "perpetual")						
5.										
(Date first transacted business in Florida, if prior to registration)										
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)										
7. 3073 HORSESHOE DR. SOUTH, SUITE 114, NAPLES, FL 34104										
(Principal office address)										
3073 HORSESHOE DR. SOUTH, SUITE 114, NAPLES, FL 34104 (Current mailing address)										
		(0				Ž Em	2600			
	(Purpose(s)	of corporation authorized in home state o	rçα	untry to be ca	rried out in state	of Florida	<u> </u>	discussions.		
),	2. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)									
	Managa	TIMOTHY L. WAGNER					U	1 . 9		
Mario.						23	<u>~</u>	· Person		
Of	ffice Address:	3073 HORSESHOE DR. SO	ָטַע	<u>тн,</u> Suп	E 114		53			
		NAPLES		. Florid	a 34104					
		(City)		,	(Zip code)					
0	. Registered ag	ent's acceptance:								

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: TIMOTHY L. WAGNER	
Address: 3073 HORSESHOE DR. SOUTH, SUITE 114	
NAPLES, FL 34104	
Vice Chairman:	% 5 m
Address:	THE DESTRUCTION
Director:	<u> </u>
Address:	
Director:	
Address:	
B. OFFICERS President: TIMOTHY L. WAGNER Address: 3073 HORSESHOE DR. SOUTH, SUITE 114 NAPLES, FL 34104	
Vice President:	
Address:	
Secretary: TIMOTHY L. WAGNER	
Address: 3073 HORSESHOE DR. SOUTH, SUITE 114, NAPLES	S, FL 34104
Treasurer: TIMOTHY L. WAGNER	
Address: 3073 HORSESHOE DR. SOUTH, SUITE 114, NAPLES	S, FL 34104
NOTE: If necessary, you may attach an addendum to the application listing additional of the same wagner.	
13. Signature of Director or Officer listed in number 12 of the application. 14. TIMOTHY L. WAGNER (Typed or printed pages and capacity of parson signing application).	

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE



To Whom These Presents Come, Greetings:

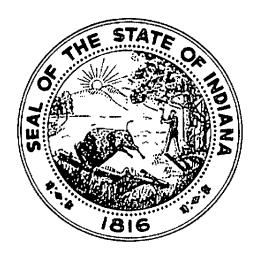
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

THE ADMINISTRATORS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 30, 2001, and was in existence or authorized to transact business in the State of Indiana on November 21, 2008.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-First Day of November, 2008.

TODD ROKITA, Secretary of State

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